

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation PROGRESS NOW		3. FEC Identification Number <div>C C90016403</div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 215 S. WASHINGTON ST SUITE 135		
(c) City, State and ZIP Code LANSING MI 48933		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report ☐ 24-Hour Report

☒ October 15 Quarterly Report ☐ 48-Hour Report

☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on / /

5. COVERING PERIOD:

FROM / /

THROUGH / /

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE _____

[Electronically Filed]

Scott, Lonnie, , ,

Scott, Lonnie, , ,

10/11/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

SCHEDULE 5-A **ITEMIZED RECEIPTS**

PAGE 2 OF 3

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)
PROGRESS NOW

A. Full Name (Last, First, Middle Initial) Shugar, Dan, , , Mailing Address 249 Kent Road City Pacifica State CA Zip Code 94044 FEC ID number of contributing federal political committee. C Name of Employer NEXTracker, Inc. Occupation CEO			Date of Receipt 09 / 30 / 2016 Transaction ID : F56.4099 Amount of Each Receipt this Period 105000.00
B. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer Occupation			Date of Receipt / / Amount of Each Receipt this Period .
C. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer Occupation			Date of Receipt / / Amount of Each Receipt this Period .
D. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer Occupation			Date of Receipt / / Amount of Each Receipt this Period .
SUBTOTAL of Receipts This Page (optional)			105000.00
TOTAL This Period (last page carry total to Line 6)			105000.00

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

PROGRESS NOW

Full Name (Last, First, Middle Initial) of Payee

Buying Time

Date of Public Distribution/Dissemination

MM / DD / YYYY
09 / 30 / 2016Mailing Address 650 Massachusetts Ave, NW
Suite 210

Amount

75000.00

Transaction ID : F57.4104

Purpose of Expenditure
Ad ProductionCategory/
Type

Office Sought:

☐ House

State: DC

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
TRUMP, DONALD, , ,Calendar Year-To-Date Per Election
for Office Sought

105000.00

Disbursement For:
2016☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Fenton

Date of Public Distribution/Dissemination

MM / DD / YYYY
09 / 30 / 2016Mailing Address 1010 Vermont Ave., NW
Suite 1100

Amount

30000.00

Transaction ID : F57.4101

Purpose of Expenditure
Ad ProductionCategory/
Type

Office Sought:

☐ House

State: DC

☐ Senate

District: 00

☒ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
TRUMP, DONALD, , ,Calendar Year-To-Date Per Election
for Office Sought

30000.00

Disbursement For:
2016☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

105000.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

105000.00

(carry total from last page forward to Line 7)